

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 2609

17 OF DEATH AND 29 RESIDENCE 3145	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 2 mos. IN ARIZONA 27 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa				
	C. CITY OR TOWN Tempe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Arizona State Sanatorium				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2714 East Amelia				
CEDENT 1 PERSONAL 144 DATA 6 X 55	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Owen B. (MIDDLE) Patrick C. (LAST) DUFFY		4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Frances Duffy		7. DATE OF BIRTH MONTH DAY YEAR Apr 26 1911		8. AGE (IN YEARS LAST BIRTHDAY) 44		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Lodge Manager		
	9B. KIND OF BUSINESS OR INDUSTRY *****		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Melrose, Minn.		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. 526-01-7289
CAUSE OF DEATH EM 18) 2 9	14A. FATHER'S NAME Patrick Duffy		14B. BIRTHPLACE (STATE OR COUNTRY) England		15A. MOTHER'S MAIDEN NAME Laura Guernon		15B. BIRTHPLACE (STATE OR COUNTRY) Minnesota		
	16. INFORMANT'S SIGNATURE Mrs. Frances Duffy, Phoenix, Arizona				17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 20 1955				
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE, PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Anoxia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Atelectasis, trachea DUE TO (C) Tuberculosis? II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchiectasis Pul. Emphysema Post-Tuberculosis						INTERVAL BETWEEN ONSET AND DEATH acute chronic chronic
19A. DATE OF OPERATION Nov 21 1955		19B. MAJOR FINDINGS OF OPERATION Atelectasis, trachea +						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 30, 1955, TO Nov 20, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Nov 19, 1955, AND THAT DEATH OCCURRED AT 9 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	22A. SIGNATURE (DEGREE OR TITLE) Lloyd H. Dwan				22B. ADDRESS Professional Bldg., Phoenix		22C. DATE SIGNED 21 Nov 1955		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix, Arizona				
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED		
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Nov. 23, 1955		25C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		
	26A. DATE REC. BY LOCAL REG. 11/22/55		26B. REGISTRAR'S SIGNATURE Bertal Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE W. L. Murphy		27B. ADDRESS 330 N. 2nd Ave.		
	FORM VS-2 REV. 6-1-53 AMPCO 70385 WHITNEY & MURPHY FUNERAL HOME PHOENIX, ARIZONA								